# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12973

# CERTIFICATE OF DEATH

12984

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deat	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
- L	O. COUNTY TALLOT MARYLAND	o. STATE Maryland b. COUNTY Talbot
es es affe	b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn)
n by the foreign s. Pages 1 ond hours after deat	write RURAL and give nearest tawn)	St. Michaels (rural)
, bo	EHSION	
25 J8	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
filled in by the sapers. Pages think? hours aft	Memorial	YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
章 [	(Type or pnnt)	KERMAN DEATH 9 - 16-1967
2 3	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H
physician. signed by the attending physicion and completely buriol-tronsit permit. Then please remove contact buriol, cremation, or removal, and in any event with	male white WIDOWED   DIVORCED	1/22/1899 68 birthday) Months Days Haurs Mi
rei n d	10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
icion and co leose remo ond in any	during mast of working life, even if retired Supply (0.	Hudson (o. N.2.
sici,	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ding physicion . Then pleose removal, ond i	Henry Ackerman	Dorothy Stelelzle
ren Ten		INFORMANT Address
attendi permit. ion, or r	(Yes, no, or unknawn) (If yes/gl/g war ar dates af service) 138-22-8404 /	Irs. John A. Ackerman, St. Michaels. Md.
an. by the att tronsit perr cremation,		A INTERVAL BETWEEN
at the	18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ons rem	IMMEDIATE CAUSE (a)	myrea war myrear
hysician gned by uriol-tro uriol, cre	DUE TO	
physi signe buriol buriol	Conditions, if any, which gove (b) (b)	
	stating the underlying cause DUE TO	
ol or attending icate hos been for use as the Health prior to	last. (c)	
s b as as orio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
hos ise as	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH	PERFORMED?
al or ficate far us Healt	3 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED	(Fater action of Fried In Oad II of Free 10.)
hospital s certific ached fa ept. of H	OR CONTRIBUTING   CAUSE OF DEATH	). (Enter nature of injury in Port I or Part II of item 18.)
this etac		LACE OF INJURY (Hame, farm, lactary, street, office bldg., etc.) 20f. (City or tawn) (County) (State)
t t e e	Haur a.m.  P.m.  19 While Not While of wark of work	icidity, sneet, office blog., etc.)
After Stot	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we)
ECTOR: / S should with the	saw the deceased glive of 2 1100 109 147 and the	at death occurred at 373 M, fram causes and on the date stated abo
CTOR Shoul	22g. SIGNATURE 6 2 A	22b. DAJE SIGNED
DIREC DIREC ge 3 ge 3 led w	Consumo,	A.D. PHYS. DIRECTOR PHYS. 1650156
	22c. PHYSICIAN'S A II C I	1 22d. ADDRESS. A
roge 4 moy be FUNERAL DIR irector, poge hould be filed	NAME (Type) 5 (- 17. ) c/7/77/0//	Cally Illayence
Sec C	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY . 23d. LOCATION (City or Town) (County) (State)
o FUNE director,	REMBUREAU 9/19/1967 Spring Hill	Easton, Md.
- = NM	24. FUNERAL DIRECTOR ADDRESS ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	Monagina E Novellanda Tall FA-to	10, Md DATSEP 20 1967 Journes June
2011.17.01	MANNEY LIVERY WIND FIRM	ONIT DAILY D

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Andrews Action (Classical) o diese diese de la company Will 19 1906 2 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12985

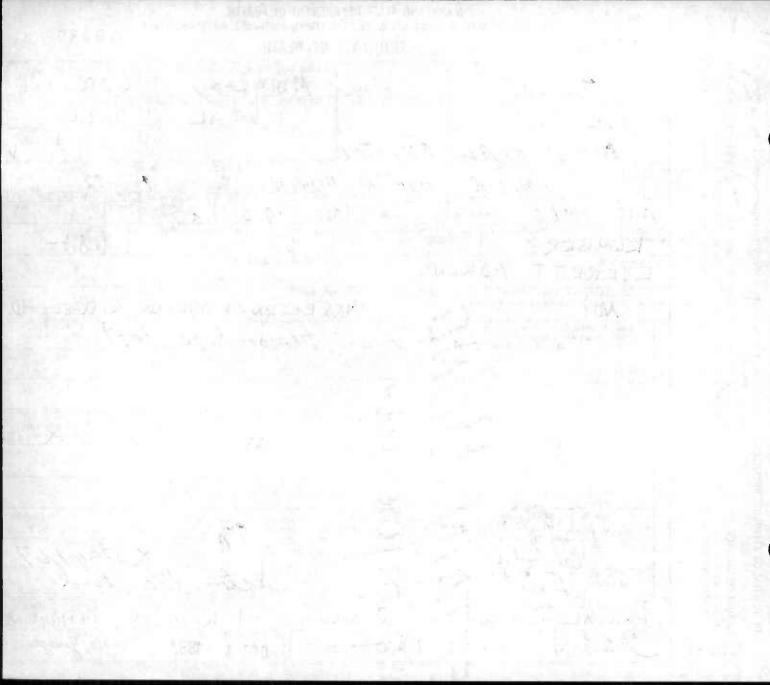
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	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Res	idence before admissiap)
	O. COUNTY TAIBOT MARYLAND O. STATE DRY LAND 6. COUNTY C	BROLINEV
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and	give nearest tawn)
	write RURAL and give nearest town)  RURAL RUD	GELY 05.2
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	YES NO I
	3. NAME OF First Middle Lost 4. DATE Month	Doy Year
	(Type or print) DALLAS AUSTIAL ADKINS OF DEATH	27 1967
S. :	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS.  ns Days Hours Min.
-	pridece While Widowed Divorced Aug. 18, 1910 57 yrs.	
10o	10b. USUAL OCCUPATION (Give kind of work dane during mast of working like executive tired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12	CUTIZEN OF WHAT
	LUMBER UA.	CSVA
13.	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
	un known	
1S. (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address	2 Ma
	NO MAN ENCRATA BYRING, K	CODGELY MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o) Sub-OSELTITOIA //EMTOSSINGE, /E/	7 Olisel Allo Stallil
	SSO X DUE TO	
	Canditions, if any, which gave (b)	
	stoting the underlying cause DUE TO	
	lost. (c)	19. WAS AUTOPSY
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	PEREORMED?
CERTIFICATION	S 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port   ar Port    of item   18.)	YES NO
ERT	OR CONTRIBUTING CAUSE OF DEATH	
S I	[IF EITHER, NOTIFY MEDICAL EXAMINER]  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(Caunty) (State)
MEDICAL	Hour o.m. 19 Aburgh Cotory, street, office bldg., etc.)	(cooms) (ziote)
	p.m. 17 of wark 🗀 of wark 🗀	10 Abat /1\ /a\ las
		19, that (I) (we) last the date stoted obave
	220. SIGNATURE OV 1 / 1/4 / 22h	. DATE SIGNED
	M.D. PHYS. DIRECTOR STAFF PHYS.	75ent67
	22c. PHYSICIAN'S A J C J - 1 22d. ADDRESS A DY	1111
	NAME (Type) FOCH. DE TIM COT Caston, Man	live
230	230. BURIAL CREMATION, 285 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL Operation 23d. LOCATION (City or Town)	(County) (State)
		M BAY LON
24	1/40 1001 (17)	'S SIGNATURE
1	DATE OCT 4 1967 Julia	man fred book

within 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Poge 4 moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the tune all director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove carbon popers. Pages, and 2 should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours ofter death.

VR A15 (4) 25M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12986

1	CERTIFICATE	OF DEATH
1	1. PLACE OF DEATH  o. COUNTY  TAID of MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  DEFAIL  BRESIDENCE (Where deceosed lived, if institution: Residence before admission)  b. COUNTY RESIDENCE
T	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Faston  13/2 hus,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sur C.S. VILLE  46.3
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3. NAME OF First Middle DECEASED (Type or print) Katherine Harriett	Last 4. DATE Month Doy Year OF DEATH 9— 8 1967  SOM OF TRIPZ - HOG 9. GET Years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	/fast/orithday) Months Days Haurs Min.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
d	during most of working life, even if retired)  INDUSTRY  INDUSTRY	MPRYLAND COUNTRY
	JOHN SINGKR	LIBBY MURPHY  NFORMANT Address
	(Yes, na orlunknawn) (If yes give war ar dates of service)	PAUL SINGER, DENTON MD.
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIJE TO	Reart failure INTERVAL BETWEEN GNSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  (b) Rheumatic  (b) Rheumatic  (c) mutral requirements.	regitation and atrialy +
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?  YES NO
CEDITE	OR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Part I ar Part II af item 18.)
MEDICA	Haur a.m.  p.m.  19 While Nat While of twork at wark	CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)  20f. (City or tawn) (Caunty) (State)
		t death accurred at 2:55 AM, fram causes and an the date stated above.
	220. SIGNATURE  Robert W. Trever M.	D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. 22b. DATE SIGNED PHYS. 22d. ADDRESS
	NAME (Type) Robert W. Trever M. D.	Eastpn, Maryland 9/8/67
	236. DATE THEREOF 23c. NAME OF CEMETERY OR THE SEPT. 10, 1967 23c. NAME OF CEMETERY OR T	ON DESTAN MO
	24 FUNERAL DIRECTOR LES V. MORRES DEW	ON 250. REC'D BY REDISTRAS 67 256 PERCHAPAR AGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death Poge 4 moy be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours.

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TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12987

		ACE OF DEATH COUNTY	albot		MARYL		o. STATE	Where deceased lived	if institution: Res b. COUNTY	Talbo	
	b.	CITY OR TOWN	If outside corporate lim	nits,	c. LENGTH OF STAY IN	l lb c.	CITY OR TOWN (If ou		, write RURAL and		-
			d give nearest town)		3 month		East	on		0	20/
	d.		AL OR INSTITUTION (IF  Hanson	not in hospitol,	give street oddress)	d.	II9 S.	Hanson			ON A FARM?  ON A FARM?  ON O
,	DE	AME OF CEASEO (pe or print)	Delore	First	Middle	Bosti	Lost	4 OATE OF DEATH	Month Sept.	0oy 28	Year 1967
	S. SEX	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	9. AGE (I		DER I YEAR	IF UNDER 24 HRS. Hours Min.
	F		Negro	WIDOWED			3- 1967		yrs. 3		
	10o. U during	SUAL OCCUPATIO most of working	N (Give kind of work dor life, even if retired) <b>none</b>		(IND OF BUSINESS OR NOUSTRY		1. BIRTHPLACE (State	0 17	12	COUNTRY?	WHAT
31	13. F.	ATHER'S NAME				14	MOTHER'S MAIDEN				
			k Dawson					ed Mitch			
H			ER IN U.S. ARMED FORCES (If yes give wor or date		social security no.	17. INFO	dred Mit	chell	Address Easton,	Md.	
	1	18. CAUSE OF D PART I. DEA	EATH (Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUS	Vall	Michigan (c).)						RVAL BETWEEN ET AND DEATH
		501		JE TO		0	12	0.1			
		Conditions, if ony, which gove rise to immediate couse (a), (b) Laryny otracle Mondiety									
	st	toting the unde		JE TO (c)	0						
,	ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO OEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(o)		WAS AUTOPSY PERFORMED? S NO
	CERT	20o. EXTERNAL CA PRIMARY ☐ or CC CAUSE OF DEATH.		20b. D	ESCRIBE HOW INJURY OCC	CURRED. (Ente	er noture of injury in	Port I or Port 11 of its	em 1B.)		
	MEDICAL	20c. TIME OF INJ Hour o. p.	1/	While			F INJURY (Hame, farn street, affice bldg., etc.		r town)	(County)	(State)
		21. I certif	y that I taak char	ge af the re	mains described abo	ave, held o	an Autapsy 🔲,	Inspection 🔲	, Inquiry	, and	in my apiniar
		death resul	ted fram; Natu	ral causes [	, Accident ,	Suicide			nined manner		
		ACTUAL	* Chair	(1411)	H.		CHIEF MEDICAL	EXAMINER		2	2. OATE SIGNED
2		SIGNATURE	John	( WV	11)	N	1.04	AL EXAMINER AL		6.	, -
2		EXAMINER'S NAME (Type)		V	VELTI		(1 -	t, city, town, or count	Y)	7-2	467
K		BURIAL, CREMATI			23c. NAME OF CEMET		MATORY	23d. LOCATION Easto	,	(County)	,
M		FUNERAL DIRECTO		1901	ADDRESS	15	2Sq. REC'	D BY REGISTRAR	2Sb. REGISTRAI	r's SIGNATUR	Md.
1			Dashiell	Eas	ton, Md.		DACC	2 1967	gelia	rles Jo	edge
7-	4	*							U	0	-0

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12983

CERTIFICATE OF DEATH 12988

1. PLACE OF DEAT				1	2. USUAL RES	IDENCE	(Whera dece			ence before	admission)
	Talbot		мл	RYLAND	a. STATE	aryla	nd	b. COUNT	Talbo	t	
	(if outside corporata limi		c. LENGTH OF			-		ate limits, writa	RURAL and giv	a neerest toy	vn)
write RURAL an	nd giva naerast town)									. /	
	vitt			.fe		eavit	t		-016	),/	
d. NAME OF HOSP	PITAL OR INSTITUTION (	it not in hos	pitel, give street	eddress)	d. STREET ADI	DRESS					ESIDENCE A FARM?
					-						NOCKO
3. NAME OF	First		Midd	le	Last	4.	DATE	Month	De	y Yes	7
(Type or print)	MAR		JANB	BRIDGES	5		OF DEATH	Sept	ember 2	2, 19	67
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MA	RRIED B.	DATE OF BIRTH			AGE (In yeers			
Fama 1 a	tella i de a	WIDOWE	DVIQ VV	RCED S	ptember :	22 1		73 yrs.	Months Days	Hours	Min.
Pemale  Oe. USUAL OCCUPA	TION (Give kind of work	1			11. BIRTHPLACE				12. CITIZEN	OF WHAT	COLINTRY
done during most of w	orking life, even if ratira	id)	IND OF BOSHIES.	J OK INDOSTK	II. DIKITIFEACE	(County o	a siere, or io	reign country)			LOONIKII
House	wife				Talbot	Coun	ity, Ma	ryland	U:	SA	
3. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	ME	The state of			
Y	- Fisher			300	E	nces	Ui 11				
	n Fisher	Crca 144	SOCIAL SECURIT	FV NO   47 **	VFORMANT	nces	UTTT	4.11			
	(If yes giva war or dates of s		SOCIAL SECORII	17 NO. 17, 11	NFORMANT			Address			
No		21	4-32-709	05-B	Weldon B	ridge	s. Nea	witt. A	Macyland	1	
	DEATH [Enter only one	THE R. LEWIS CO., LANSING, MICH.		-	1 0					NTERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	m	you	dre	half	refe	erc	lier		DNSET AND	DEATH
14201	DUE TO		h	0	9	0	1		1		
Conditions, if en		11	Lone	216	nati,	. /.	o ada	a Vas	101		
geve rise to immed	(-)	Un	100 00	7000	The Co	- 0		-0			
(a), stating the	DUE TO										
ceuse lest.	) (c)										
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO D	EATH BUT NO	RELATED TO THE	TERMINAL	L DISEASE CO	ONDITION GIVE	N IN PART 1(a)		
1. Lemand	110	_ 1	11/11	1						YES T	NO.
PART II. OTHI	VAS UNIDEDIVINIO	001 000	COURT HOW	UNIV O CCUIDATI	(P . )	1 . 1 . D.	A I D. A II	( to 10 )		11.3	Mayer
OR CONTRIBUTING	VAS UNDERLYING [	20b. DES	CKIBE HOW INJ	UKY OCCURRE	). (Enter nature of it	njury in ra	an I or Pan II	of item ip.)			
	Y MEDICAL EXAMINER)	- 93									
20c. TIME OF INJ	URY Month, Day, Ye	ar   20d. I	NJURY OCCURR	ED   20e. PLA	E OF INJURY (Hom	ne, ferm, ;	20f. (City o	er town)	(County)		(Stete)
Hour a.m.		While		_	ry, street, office bld	ig., etc.)					
p.m.	19	et work	k at work		17 100	-					
21. I certify	that (I) (this hospit	tal) attend	ded the dece	ased from./	9.5.5	, 19.	, to.Y	+ 6	, 19	that (1)	(we) last
saw the decea	sed alive on 9	-2	19/5	and that	death occurred	139	M. from	he causes a	nd on the c	tate stated	above
220 SUGNATURE	asod divo oii		/	., 6110 11101	deam occurred	1.24	,				DATE
229 SIGNATURE	1/11/10	0.1	2 1/1		ATTENDING_	MED		STAFF	0-1	1/3	SIGNED
XMM	wyce		9/	Μ.	7	4	CTOR	PHYS.	73	761	
22E. PHYSICIAN'S			1		22d. ADDRES	S					
NAME (Type	GUY M. I	REESER	, Jr., N	M. D.	S	t. Mi	ichae 1	s, Mary.	land		
a. BURIAL, CREMA	TION, 236. DATE THE	REOF	23c NAME O	F CEMETERY	R CREMATORY		23d. LOCAT	ION (City, tow	n or county)	15	tete)
REMOVAL (Specify	()									,-	,
Byrial	Sept 4,	1967	Neavit	tt Ceme				itt, Mar	•		
34 FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS	1 1	25	a. REC'D	BY REGISTR	48 256. REG	ISTRAR'S SIGN	ATURENS	يال
Harrison	to down	1/1	Un Mer	books	MI DA	TE SE	L 0	1001	-	00	
TO CONTO	S. Jeense	10	· pe	- wer	4						
			(								

CHICOSLAT ! #FEVERNI September 2. Salatina State Avenue And County, Arrying today s live work TARREST TARREST TARREST TARREST TARREST Character, Fire Control and the Menyitt, Pittyling Grand reflection of the Manager of the St. Commenter than the state of Supt 4, 1967 Nesvit samelery Newsit, thrylust LIC In the Secretary of the Constitution of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12989

12984

## CERTIFICATE OF DEATH

1. PLACE OF DEATH		(Where deceased lived, if institution	
a. COUNTY 7-11-4	a. STATE	b. COUN	TY 7 11 .
Talbot	MARYLAND // la	ruland.	lalbot
	OF STAY IN 1b c. CITY OR TOWN (If	außide corparate limits, write RUR	AL ond give nearest tawn)
write RURAL and give nearest town)	letime 7	ilohman	201
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street of		Ligitin	e. IS RESIDENCE
a. NAME OF HOSPITAL OR INSTITUTION (IT not in haspital, give street of	d. SIKEEL ADDRESS		ON A FARM?
			YES NO
3. NAME OF First	Middle Last	4. DATE Month	Day Year
(Type or print) Andrew (ummings		OF	9/30 19 67
	— I o out of blow	DEATH	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
S. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8. DATE OF BIRTH	9. AGE (In years last bighday)	Manths Days Hours Min.
Male white WIDOWED	DIVORCED [ 7/15/1891	76 yrs.	Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSI		ty & State, ar fareign country)	12. CITIZEN OF WHAT
during post of working life, even if retired) INDUSTRY			COUNTRY?
Painter		Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
Henry Cummings	Laura V	. Birmingham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	JRITY NO. 17. INFORMANT	Addres	SS
(Yes, no, or unknown) (If yes give wor or dates of service) 218-04	-8360 Mrs. Andrew	Cummings Til	ghman, Md.
10		Calification, 1200	
18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), an PART I. DEATH WAS CAUSED BY:	(g) (g)	Α.	2 INTERVAL SETWEEN ON THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE
IMMEDIATE CAUSE (o)	Lac Kalle	10	noung
H d O I DUE TO	1/ 0	1	
(anditions, if any, which gave )	prus carelia	1/asd	
rice to immediate course (a)	very run en	00-09	
stating the underlying cause DUE TO	1		
last. ) (c)			
PART II. OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
20a, ACCIDENT WAS UNDERLYING DOR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CHANGE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINED)	0 1 0		PERFORMED?
3 myspenia Tru	200		1E3   NO 42
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW OR CONTRIBUTING ☐ CAUSE OF DEATH	INJURY OCCURRED. (Enter nature of injury in	n Part I ar Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 10 While Not N	RRED 20e. PLACE OF INJURY (Home, fo	irm. 20f. (City or tawn)	(Caunty) (State)
Hour a.m. While Nat	While factory, street, affice bldg., et		(/
≥ p.m. 19 at work □ at v	vark 🔲		
21. I certify that (1) (this haspital) attended the c	leceased fram 9-30 67	19-30	, (b), that (I) (we) last
Bay the deceased alive on 4-30 1	and that death accurred o	M. fram causes of	and an the date stated above.
FIGURE 2006	per		22b. DATE SIGNED
X1111111111111111111111111111111111111	ATTENDING ATTENDING	MED. STAFF	10-7-17
A MANUAL IN	M.D. PHYS.	DIRECTOR L PHYS. L	10 - 4/
PASSICIAN'S	22d. ADDRESS	2210	0 10 -1
LA COMECULA MI TELLE	m All	Menae	y nie
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ME OF LEMETERY OR CREMATORY	23d. LOCATION (City or Taw	vn) (Caunty) (Stote)
	and Holiness	Tilghman,	
		C'D BY REGISTRAR 25h REC	GISTRAR'S SIGNATURE
MURICE E. NEWNAM & SON, Eas	ton, Md.	3 1001 900	
3000	DIMICO	· ·	U

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12985
CERTIFICATE OF DEATH
12990

1. PLACE OF DEATH	1 2 TICKET PECIPENCE ONLY A ASSOCIATION IS CONTRACTED IN C
COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)  a. STATE  b. COUNTY
Talbot Maryland	Maryland Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Rural - St. Michaels 2 days	McDaniel.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. 15 RESIDENCE
Rio Vista Nursing Home	ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	BYSHIRE OF DEATH September 11, 1967
SEX   6. COLOR OR RACE   7. MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Aug 22, 1895   Tast birthdey)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Philadelphia Denneylyania UCA
Ret Purchasing Agent   Engineering	Philadelphia, Pennsylvania USA  14. MOTHER'S MAIDEN NAME
	18. MOTHER 3 MAIDEN NAME
Henry Edwin Derbyshire	Laura Melville Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
77	s. Kathryn K. Derbyshire, McDaniel, Md.
18. CAUSE OF DEATH [Enter only one cause parting for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	QUISET AND DEATH
IMMEDIATE CAUSE (a)	and the second
DUE TO VIII	all leader in
Conditions, if any, which \ (b)	ul of receives comos
gave risa to Immadiate cause (a), stating the underlying  DUE TO	
cause last.	
1 1 1 10	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
E Mallin wire to allen	PERFORMED?
3 minory racius	170/KM1 YES NO L
PART II. STREET SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAM BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF ITETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of Injury in Part I or Part II of itam 18.)
Hour a.m. While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Acces 12 Sept 15
21. I certify that (1) (this hospital) attended the deceased from	1961, toff of 1966, that (1) (we) last
saw the deceased alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	teath occurred a 35/M, from the causes and on the date stated above.
22a. KIGNATUKE	22b. DATE
K. TACIALO (1/12/10 M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS.
22c. AHYSIETANS	22d. ADDRESS
NAME (Type)	
R. LANE WROTH, M. D.	St. Michaels, Maryland
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Spacify)	
Burial Sept 14, 1967 Spring Hill (	Cemetery Easton, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Harrison & Leonard St. Muchaels	md DATE SEP 18 1961 fillances Judge
Thomas of the state of the stat	

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	1 6	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
= (1)	1	CERTIFICATE OF DEATH	12991
de of the		PLACE OF DEATH o. COUNTY  D. STATE  D. COUNTY  D. COUNT	dence before admission)
s ofter the fu ages I s after		b. CITY OR TOWN (If outside corporate limits, write RURAL and s	give neorest town)
hours of the search of the sea	L	write RURAL and give nearest town)  EASTON  45 days  ST. MICHAELS	20.1
hin 24 hour filled in by papers. P hin 72 hour		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Memorial  GRACE ST.	e IS RESIDENCE ON A FARM? YES NO
within book fills		NAME OF First Middle Lost 4. DATE Month	Doy Year
completely ove carbo		DECEASED (Type or print) FRIEST M, I TO IN  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UND)	17 1967 ER 1 YEAR   IF UNDER 24 HRS.
and com remove	1	MALE WHITE WIDOWED DIVORCED AUG 31, 1890 1951 birthdoy) Months	s Doys Hours Min.
tian an			COUNTRY 5 A
eath certificate be exe ending physician and c nit. Then please remo or removol, and in ony	13.	JAMES A. DYOTT MARY WILLEY	
that the death certificate be executed within 24 hours ofter on.  by the ottending physician and completely filled in by the furnousit permit. Then please remove carbon papers. Pages 1 crematian, or removol, and in onyevent within 72 hours after	IS. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no of unknown) (If yes give wor or dates of service) 212-16-968A Engles Devot St. Mu	charle hed
that the d on. by the otte tronsit per crematian,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN
S T T		Conditions, if ony, which gove )  (b)  (b)  (b)  (b)  (b)	116
D D 2 D D		rise to immediate cause (a), stoting the underlying cause	191.
low endin s beer as the		last. (c)	19. WAS AUTOPSY
r offine had use use	ATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
日本生みち	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
of Tab	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m. 19 20d. INJURY OCCURRED While of work of	County) (Stote)
ATTENDING etained by CTOR: After should be inth the Stot		21. Lertify that (1) (this hospital) arended the deceased fram	96/, that (1) (we) las the date stated abave
× - H × ×		220 SIGNATURE  M.D. ATTENDING MED. STAFF 22b.  OF DIRECTOR PHYS.   22b.  OF DIRECTOR PHYS.   22b.	DATE SIGNED
		PHYSICIANS R. Lang Wroth M.D. Ea St. Michaels, Mary	land
TO HOSPITAL Page 4 moy TO FUNERAL director, pa	230	D. BURIAL CREMATION, 13b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity of Town)	(County) (Stote)
2 P P S N	24	4. FUNERAL DIRECTOR APPRESS 256. REC'D BY REGISTRAR 25b, REGISTRAR	S SIGNATURE
25M 1/67	14	areson 6 Seonard St. Michaels, My DATE SEP 2 1 1361	



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

12992

	16301	
/ L	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. STATE
	MARYLAND	O. STATEMARY LAND b. COUNTY Careline
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write BURAL, and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)
	EHSTON 15HR50rin	Rt-1, BOX 22A- PRESTON OS
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e IS RESIDE ON A FAI
1	MemoRial	YES N
3.	NAME OF First Middle DECFASED //	Lost 4. DATE Month Doy Year
	(Type or print) LUC; //e	There DEATH Sept. 35 196
2.		8. DATE OF BIRTH 9. AGE (In/yeors IF UNDER   YEAR   IF UNDER   Wonths   Doys   Hours
	FEMALE NEGRO WIDOWED DIVORCED	6-10-06 61 yrs.
du	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	LABORER NONE	SHUANIMA) GEORGIA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME CLARA BROWN
16	UNKNOWN	INFORMANY ALL O D
	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. If yes give wor or dotes of service)	MARY ALICE WALLACE, HURLOCK, ME
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETV ONSET AND DI
	33/X IMMEDIATE CAUSE (0) Corebras	Kemorridage (24)
	DUE TO Conditions, if ony, which gove ) (b)	
	rise to immediate couse (o),	
	stoting the underlying couse (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO
2 8	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMI
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
ERT	OR CONTRIBUTING CAUSE OF DEATH	(Lines notice of injury in form to Form in or new to.)
	ME CITUED MOTIEV MEDICAL EVANDED	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INIURY Month Day Year 20d INJURY OCCURRED 20e PLA	CF OF INJURY (Home form   20f. (City or town) (County) (S
MEDICAL C	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o.m. While Not While foct	ACE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (County) (S
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work of work 19 foct	tory, street, office bldg., etc.)
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work 21. 1 certify that (I) (this haspital) attended the deceased fram	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.  19  20d. INJURY OCCURRED While Not While of work of work  21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 9 24 19 67, and that 220. SIGNATURE	tory, street, office bldg., etc.)  3 - 2 - 1967, ta 9 - 2 - 1967, that (1) (v t death occurred at 250 LM, from causes ond on the dote stated
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.  p.m.  19  20d. INJURY OCCURRED While of work of work of work  21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 9 24 1967, and that	tory, street, office bldg., etc.)  1 - 2 + 1967, ta 9 - 25, 1967, that (I) (v t death occurred at 250 AM, from causes ond on the dote stated  ATENDING MED. STAFF 22b. DATE SIGNED
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.  p.m.  19  21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an—a—24—1967, and that 220. SIGNATURE  22c. PHYSICIAN'S	tory, street, office bldg., etc.)  3-24, 1967, ta 9-25, 1967, that (I) (v t death occurred at 250 AM, from causes and on the dote stated  ATENDING MED. STAFF 22b. DATE SIGNED
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.  p.m.  19  21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased glive an 9-2+ 19(7), and that 220. SIGNATURE	tory, street, office bldg., etc.)    A - 2 - 4
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.  19   While   Not While   Of work   21.   Certify that (I) (this haspital) attended the deceased fram 2 22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D.  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	tory, street, office bldg., etc.)    3-24
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.  19  21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an	tory, street, office bldg., etc.)    3-24

Charles and a second and all the

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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ME	H	-	1.41	
15	M	7/6	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.	
1.00		100		

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12988 CERTIFICATE OF DEATH 12993

3. NAME OF DECEASED (Type or print)  MARGARET  B. HENNEY  MARGARET  B. DATE OF DEATH  September 28 19 6  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  FOMALO WIDOWED DIVORCED DOC. 18-86  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT CO  OTATA A NUTTRE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Addraway 750 Keymore  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Addraway 750 Keymore  Addraway 750 Keymore	(ssion)
EASTON  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  HOUSE IN THE PINES-EASTON, MD.  3. NAME OF DECEASED (Type or print)  MARGARET  Middle  Last  HENNEY  DEATH  September  R. AGE (In years If UNDER 1 YEAR IF UNDER 2 Last Individual)  Whowed Divorced Dec.  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  15. KAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address Too Name  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address Too Name  14. MOTHER'S MAIDEN NAME	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  HOUSE IN THE PINES—EASTON, MD.  3. NAME OF DECEASED (Type or print)  MARGARET  Middle  HENNEY  MARGARET  Month  Day  Year  OF DEATH  September  A8 (In years If Under 1 year)  In the Widowed Divorced Dec. 18-86  In the Widowed Dec. 18-86  In the Wido	4
3. NAME OF DECRASED (Type or print)  MARGARET B. HENNEY  MARGARET B. HENNEY  DEATH September 28 196  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DOC. 18-86  NOTE OF BIRTH  DOC. 18-86  NOTE OF BIRTH  S. AGE (In years If UNDER 1 YEAR IF UNDER 22 Inst birthday) year.  IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address 17 50   Reviewed of March 19 10   Reviewed of	
DECEASED (Type or print)  MARGARET  B. HENNEY  DEATH September 28 19 6  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  Dec. 18-86  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT CO  OTCHAA NUTTE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address To South A A	0 🗆
Female White whowed Divorced Dec. 18-86 yrs. Months bays hours  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT CO  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Addraw 750 Keymore  17. Mother Science of the country of t	7
Female White whowed Divorced Dec. 18-86 yrs. Months bays hours  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT CO  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Addraw 750 Keymore  17. Mother Science of the country of t	
done during most of working life, even if retired)  OTOTOTOTO A NUTTE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Addraw 750 Keymore  (Yes, no, or unkown) (Ifyosgive were relates of service)  13. 1-20-0054 1 + Col. Mand.	Min.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address 750 Keymore  (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 131-20-0054 1+ Col Mant. Elanger	INTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address 750 Keymore  (Yos, no, or unkown) (Ifyes give wer or dates of service)  13. 1-20-0050 1+501 March. Elanguage	
(Yes, no, or unkown) (If yes give wer or dates of service) 431-20-0054 1+ Cal Mant 512200000000000000000000000000000000000	
(Yes, no, or unkown) (If yes give wer or dates of service) +31-20-005 1+ Cal Mant. Elangton	
H31-20-0050 I+ Cal March Change of all she	Rue
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  ONSET AND DE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis > 6 w	ks
175.0 DUE TO	
[ Conditions, if eny, which] (b) Metastatic adenocarcinoma > (ew)	۵.
gove rise to immediate cause (a), stating the underlying DUE TO	
cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPERFORM	
YES NO	
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20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, lactory, street, office bldg., etc.) (County) (St Part of the county) (St Part of	ite)
21. I certify that (I) (this hospital) attended the deceased from	) last
saw the deceased alive on	
22e. SIGNATURE 22b.	ATE
Robert W. Trever M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	IGNED
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stell	)
BURIAL 9/30/1967 LAKEVIEN MEMORIAL PARK MERCHANTVILLE, N.J.	
24) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE	
Maurie E. Neugam+Jan KASTON, Mod longCT 3 1967 Icharles Judge	

MAKEARET B. HENNEY Soptember St. 67 At a color of the second of th Son I am of the the transmission than the Mile Revenue and Miles  MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI

Them #2b,c & d Film #6393 10/11/67 ph

CERTIFICATE OF DEATH **BALTIMORE, MARYLAND 21201** 12983

12983 100 #20,0 4 4	CERTIFICAT	E OF DEATH		1299	94 /
1. PLACE OF DEATH a. COUNTY Talbox b. CITY OR TOWN (If outside corporate limits,	MARYLAND  T. LENGTH OF STAY IN 16	o. STATE Mary		NTY Talbox	/-Balto.
write RURAL and give necrest tawn)	4 months	10xf61	tside corporote limits, write RU Ad/(hurbl/Balt	o. 2120lr	30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, Sailon's Retreat	give street address)		16 Gwynn Oak 8h/8/Retthebtt	Ave.	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)  Awin Eugene	Middle Hooper	Last	4. DATE Mon OF DEATH	9/21	,
s. SEX  male  6. COLOR OR RACE  7. MARRIED  white  widowed		8. DATE OF BIRTH 3/17/1884	9. AGE (In yeors lost birthdoy)	Months Days	Hours Min.
	KIND OF BUSINESS OR NOUSTRY		State, ar foreign country) one Maryland	12. CITIZEN O	
13. FATHER'S NAME Samuel H. Hoopen		14. MOTHER'S MAIDEN M Adelir	ie Kennard		
(Yes, no, ar unknown) (If yes give wor or dates of service)		INFORMANT	Hooper, Oxf		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO		1		INI	TERVAL BETWEEN NSET AND DEATH
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		PERFORMED?  YES NO
206. ACCIDENT WAS UNDERLYING   20b. C   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Part I ar Part II of item 18.)		
A Harrison		ACE OF INJURY (Hame, form ctory, street, office bldg., etc.)	, 20f. (City or town)	(Caunty)	(Stote)
21. I certify that (I) (this haspital) after saw the deceased alive an	nded the deceased fram	at death occurred at	9(1) ta 9(2) G35PM, fram causes	, 19 <u>///</u> , the date	hat (1) (Ne) la: te stated abav
22g SIGNATURE	Demalel	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	NED
22c. PHYSICIAN'S P. M. MCLOMAZI	s, M.D.	22d. ADDRESS QS, HAN	Son St. EA	STON /	NO.
230. BURIAL, CREMATION, PASSES	23c. NAME OF CEMETERY OF Oxford		Oxford, Ma	200	y) (Stote)
24. FUNERAL DIRECTOR  MATURACE E NEUMAN & SON	EASTON MA			EGISTRAR'S SIGNATU	Persone.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often earth

VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 212

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDT		ATE	∩E	DEATH	
V P IV I	IFIX.	AIT	VIE	DEALE	1

72995

CENTIFICAT	L OI DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
o. COUNTY TALKOT MARYLAND	O. STATE MARYLAND 6. COUNTY TALBOT
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
write RURAL and give nearest town) 24days	EASTON 201
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give, street address)	d. STREET ADDRESS e. IS RESIDENCE
memorial Hospital	SOG GOLDS BORDUGH ST, YES NO X
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) 25ther Ulrginia	HOXTER DEATH 9 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 Hps.
tenale white widowed Divorced	12-2-43 73 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most af warking life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Q.A.Co. MARYLANDI USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  GEORGIA A. Lewis
B. L. THOMAS	GEORGIA H. LEWIS
(Vac as asymptotically) (If the single vac as detay of contice)	A
	TOTAL OF THE STATE
18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
505 X IMMEDIATE CAUSE (U)	erstilled floresis of
Conditions, if any, which gave )	the lungs Unknown
lise to thimediate cause (a), ( Due to	8
stating the underlying cause (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
- ANTON	PERFORMED? YES NO
	D. (Enter nature af injury in Part I ar Part II af item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
Hour a.m. p.m.  19 While Not While of twark	actary, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram_	, 19, 19, that (I) (we) last
saw the deceased alive an19, and th	nat death accurred at
22o. SIGNATURE	ATTENDING MED. STAFF 22b. DATESIGNED
	M.D. PHYS. L' DIRECTOR L PHYS. L
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M.	D. Easton, Maryland 9/6/67
DEMOVAL (Specific)	OR CREMATORY  23d. LOCATION (City or Town) (County) (State)  VSVILLE STEVENSVILLE MD.
BUNGAL SEPT 19 STEVEN 24. EUNERAL/DIRECTOR  24. EUNERAL/DIRECTOR  26. ADDRESS	250. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE
Eder L. To Church Hill	Med Cours SFP 11 1967 generales judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbbn papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death Page 4 may be retoined by the hospital or attending physicion.

> VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STRE

MARYLAND

c. LENGTH OF STAY IN 1b years

NEVER MARRIED

KIND OF BUSINESS OR

16. SOCIAL SECURITY NO

20d. INJURY OCCURRED

INDUSTRY

DIVORCED X

Harold Francis Hutchinson. Sr.

7. MARRIED

WIDOWED

12991

Talbox

Rio Vista Nursing Home

6. COLOR OR RACE

white

10o. USUAL OCCUPATION (Give kind of work done

during most of working life twen in Brieflen

13. FATHER'S NAME

John Hutchinson

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (o),

stoting the underlying couse

(Yes, no, or unknown) ((If yes give wor or dotes of service)

CAUSE OF DEATH (Enter only one couse per line for

IMMEDIATE CAUSE

DUE TO

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED (Type or print) SEX

no

CERTIFICATE OF

and that death

PRESTO	N STREET, BALTIMO	RE, MAR	YLAND 21201	1	299	6
CATE	OF DEATH			^	~ (, ,)	
LAND	2. USUAL RESIDENCE (V	Where deceos	b. COU	NTY -	before odn	nission)
1 1b	c. CITY OR TOWN (If ou			1 000	7070	n)
us 1	Bellev	110				2
	d. STREET ADDRESS	ue			l e IS	RESIDENCE
	d. SIKEET ADDRESS					A FARM?
, SI	Lost	4. DATE OF DEATH	Mont	th 9,	125	yea 67
□ B	DATE OF BIRTH		. AGE (In yeors	IF UNDER 1		NDER 24 HRS.
*	1/1/1882		lost birthdoy)	Months	Doys Ho	urs Min.
	11. BIRTHPLACE (County				ZEN OF WHA	IT.
	14. MOTHER'S MAIDEN N	N.9.				
	(atherine		on			
	nformant arold F. Hu	tabia	Addre		01110	M
9 710	inola F. Hu	<i>xaun</i>	son, gre.	Dec	evac,	1.KC.
Le.	Raile	en	e	3-4		BETWEEN ND DEATH
16	leo + a	rek	20 Va	1d		
			-0 -0			
TED TO T	H) ERMINAL DISEASE COM	DITION GIVE	N IN PART I(o)		19. WAS	AUTOPSY ORMED?
ue	sene	101	hor	edes	YES T	NO V
CURRED. (	Enter noture of injury in	Port I or Por		1		7
	E OF INJURY (Home, form		(City or town)	(Cour	nty)	(Stote)
tacto	rry, street, office bldg., etc.)					
fram	death accurred at	950 N	a 9-25 1, from causes	and an the		l) (we) last
	ATTENDING 😽	MED.	STAFF		E SIGNED	/_
M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS. L	2.10	1	/
/	11/1	we	vale	1 VV	a	
TERY OR C	REMATORY ,	23d. LO	CATION (City or To	wn) (	County)	(State)

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. Rages 1 and the funeral after, physician and campletely please remave carban and in any event, w or removal, signed by the attending phy burial-transit perr burial, crematian, directar, page 3 shauld be detached far use as the Sbould be filed with the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 25M 1/67

CERTIFICATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 21. I certify that (I) (this haspital) attended the deceased fram BURIAL, CREMATION, NEUNAM & SON, Easton, Md.

Woodlaun Memorial Park

aston.

Nicons V. Lange Committee THE THE PARTY TO SEE THE TANK Lower to be being the strong to. confiachailere 341401 Ath. carbles + unbrollerd cochetia, advonishanila charge 4 ATTHEROOG MIN , , , TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in apy event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

death.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Wyling drep bettings), if institution: Resider o. STATE b. COUNTY	
MARYLAND	O. SIAIL TEXESTORIEN B. COUNTY 7	albot
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	re neorest town)
write RURAL and give nearest town)	Tilahman	201
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, oddress)	d. STREET ADDRESS	e. IS RESIDENCE
MEMORIAL HOSPITAL		ON A FARM? YES NO
3. NAME OF . First Middle	Jost 4. DATE Month	Doy Year
(Type or print) (11/64/AM JAMES	ACKSON OF DEATH 9	10 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH, 9. AGE (In years IF UNDER	
M White WIDOWED DIVORCED	8/21/89 lost hirthdoy) Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working life-eyer it refired lic Service	Talbox	JANAS S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William H. Jackson	Margaret Ann Coopen	
	INFORMANT Address	
(V		
no 212-09-4656 Mr	s. Fred Eberhard, Raston, Nd.	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	A	ONSET AND DEATH
IMMEDIATE CAUSE (0) // COST /21/4	186	ONSET AND DEATH
Hadad DUE TO	1 / ,	2 10 100
Conditions, if ony, which gove ) (b) // YO (35dle)	MYSENT SOB MY	
rise to immediate couse (o),		
lost. (c) V21-9-11-1	19H+ 1ea	A STATE OF THE STA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINIAL DISEASE CONDITION CIVEN IN DART 1/0)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)		YES NO
206. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Port I or Port II of item 1B.)	
		ounty) (Stote)
Hour a.m. p.m. 19 While Not While of work	ctory, street, office bldg., etc.)	
21. I certify that (1) (this hospital) attended the deceased fram_	19 . p tg 19	, that (I) (we) las
	at death accurred at 600 M, from causes and an t	he dote stoted above
220. SIGNATURE OVA / /	22b. D	ATE SIGNED
M (Mahmut M	I.D. ATTENDING MEDI STAFF PHYS. DIRECTOR PHYS.	SP17 H967
22c. PHYSICIAN'S E 1 11 C	22d ADDRESS	
NAME (Type) F.C.H. Schmidt	layer, ///age	not
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Jown)	(County) (Stote)
Burlat (Spetify) 9/13/1967 Olivet	St. Michaels. 1	12/
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
MURICE E. NEWNAM & SON, Easton, Md.		
munu ( C. Mewinin a sur, caston, ma.	DATE SEP 1 3 1967 fclia	Las Kens

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THE STREET

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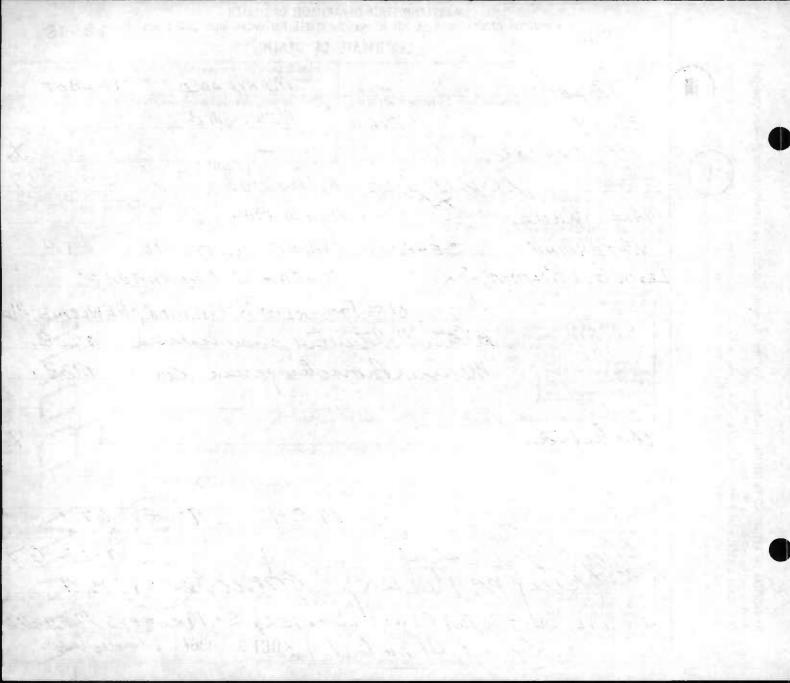
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye farban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

## CERTIFICATE OF DEATH

	PLACE OF DEATH			ceosed lived, if institution: Reside	ence before odmission)
1	o. COUNTY Allas	MARYLAND	O. STATE MARYL	AND b. COUNTY T	ALBOT
1	p. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		porote limits, write RURAL and gi	
1	write RURAL and give nearest town)	11	NEWCO		201
-	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	nive street oddress	d. STREET ADDRESS	"12	l e. iS RESIDENCE
		, give silver oddress)	d. SIKEET ADDRESS		ON A FARM2
	Memmerah				YES NO
	NAME OF First DECEASED	Middle	Lost 4. DA		Doy Year
	(Type or print) Rel	N 445	DILMON, DE, DE	ATH UEBLO 9	194/
S.	SEX 6. COLOR OR RACE 7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (Le years   IF UNDE last birthdoy)   Months	R I YEAR   IF UNDER 24 HRS.   Dovs Hours Min.
1	PALE WHITE WIDOWE	D DIVORCED D	90931,1904	63 yrs.	Doys Hours Min.
		KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, o		ITIZEN OF WHAT
duri	ngmost of working life, even if retired)	DEAFOOD	TALBOT COUR	ITY. MD	OUNTRY
13.	FATHER'S NAME	_	14. MOTHER'S MAIDEN NAME	()	
L	EVIN GUS KILMON, S	R.	SARAH C.	LARRIMOR	E
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
(76	s, no, or unknown) (If yes give wor or dotes of service)	15-20-0853 F1	CANKLINI R. 1	SUMAN NE	WCAME MO
h	18. CAUSE OF DEATH (Enter only one couse per line)		- 4	TILITIES, IV	INTERVAL BEJWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	etical obstus	elis mece	moura.	2 ONSET AND DEATH
	1621 DUE TO	0-07			
	Conditions, if ony, which gove ) (b) MA	MIN BOAR	reliasons	i cal 1	Mad.
	rise to immediate couse (o), DUE TO	7700 017000	- Cyrrac	O Cal	1002
	stating the underlying couse (c)		/		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
NOL	co chalino	TO DESTIN OUT NOT RESILED TO	THE TENGINE PISENSE CONDITION	array or their stal	PERFORMED? YES NO V
FICA	20o. ACCIDENT WAS WIDERLYING (1) 20b.	DESCRIBE HOW INTIDA OCCUPATO	(Enter nature of injury in Deat Lea	Dort II of Street 10.)	I II NO V
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	JESCKIBE MUW INJUKY UCCURRED.	(Enter noture of injury in Port I or	PUTE II OT ITEM 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NUMBY OCCUPANT	or or humby (ii	M. (6)	(1)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d.		CE OF INJURY (Home, form, 20 tory, street, office bldg., etc.)	Of. (City or town) (C	ounty) (Stote)
×	p.m. 19 of w		7,		
	21. I certify that (I) (this hospital) atte	nded the deceased from	1954,19	107-28 , 18	27thot (I) (we) lost
	sow the deceased alive an	S 19 ond tho	t death accurred of 1133		
	220, SIGNATURE	10 1	ATTENDING MED.	STAFF 22b.	DATE SIGNED
	Mayor greet	My My	D. PHYS. DIRECTO		X8-67
6	PHYSICIANS NAME (Type)	120 100 K	22d. ADDRESS	ho,0,	Mari
	17 /100/11/	July 1	171"in	voca,	nya
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d	. LOCATION (City or Town)	(County) (Stote)
1	DURIAL DEPT 30,170	SI OLIVET'C	EMETERY S	T. MIKHAELS	MAKYLAND
3	FUNERAL DIRECTOR	ADDRESS	2So. REC'D 8Y REG	SISTRAR 2Sh. REGISTRAR'S	SIGNATURE
JA	arriso la debrard	Mr. Muchane	Lo Ma DATEU 3	NOT TO THE	1



eral ond 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Poge 4 may be retained by the hospital or attending physicion.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12999

-		
	PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)     STATE     B. COUNTY     D. COUNTY
	7 A I DOT MARYLAND	MQ. Talbot
1	D. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town)
_	EASTON plays 9/4.	Easton $0.7$
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
2	Memorial Hospital	215 N. Locust St. YES NO 1
	NAME OF First Middle DECEASED (Type or print)	DATZEIT DEATH SENT. 2 1967
S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
1	nale white widowed   DIVORCED	9-12-10 56 vis.
i0o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  USA
	barber	· ·
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10	Heinrich Matzeit was deceased ever in u.s. armed forces?   16. social security no.   17	Lena INFORMANT Address
(Ye	s no or unknown). If the give wor or dotes of service)	Mrs. Mary A. Matzeit Easton, Md.
_	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	MIS. MATY A. MAUZET C EASON, Md.
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1538 IMMEDIATE CAUSE (o) DUE TO	na one of the
	Conditions, if ony, which gove ) (b)	11/8
	nise to immediate couse (o). stating the underlying couse	
	last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO
TIFIC	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
L CES	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		PLACE OF INJURY (Home, form, actory, street, office bldg., etc.)  20f. (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram.	8-31, 1967 to 9-2, 1967 that (1) (we) las
	saw the deceased alive an $9-7$ 1967, and the	nat death accurred at 8 3 M, from causes and an the date stated above
	220-SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
		M.D. PHYS. DIRECTOR PHYS. 9-0-167
	22/ PHYSICIAN'S NAME (Type) Harry M. Walsh, M.D.	Easton, Md.
22	narty no. waron, nob.	
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF THE SPRINGERY OF SPRINGHILL	
	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
400	Jon D. HENNE (a) Trouters	MH. DATE SEP 11 1967 gelianles Judges

The American Company of the State of the Sta ERIC TOTAL STATE OF THE PERIOD make supplied the first series of the der in the contract of the con . Carlotte, Calbon, and

trone al

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2.70	:	72 310	CERTIFIC	ATE	OF DEATH		1:	3000	>
1. PLACE OF DEATH	- , , ,				2. USUAL RESIDENCE (	Where deceosed	lived, if institution	n: Residence	before admission)
a. COUNTY	1/60+		MARYLAN	ND	o. STATE Maryl	and	b. COUN	Talbe	ot
b. CITY OR TOWN	(If outside corporate limit	š, C.	LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If or	itside corporote	limits, write RUR	AL and give	neorest town)
	FON		13 days	5	Cond	ova			20-
	TITAL OR INSTITUTION (If no	ot in hospitol, give :	street oddress)		d. STREET ADDRESS				e. IS RESIDEN
Mer	nokiah				E	ox 14			YES NO
3. NAME OF DECEASED (Type or print)	Gusi	1 ./	Middle	//	Plende.	4. DATE OF DEATH	Sepx		Doy Year 3 19 4
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [	8	. DATE OF BIRTH	_	AGE (In years	Months I	YEAR IF UNDER 24 Doys Hours
Male	white	WIDOWED [	DIVORCED [		March 16,	10/7	birthdoy) yrs.		
100. USUAL OCCUPATION  during prost of working  Farmer	ON (Give kind of work done og life, even if retired)	10b. KIND C INDUST	OF BUSINESS OR TRY		St. Low	& State, or foreign	gn country)	12. CITIZ	ZEN OF WHAT
13. FATHER'S NAME	Uian Mende	2			14. MOTHER'S MAIDEN Helene Ne	NAME ette			
1S. WAS DECEASED ET (Yes, na, ar unknawn	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes o	of service) 217-	AL SECURITY NO. - 36-1426	17. II	FORMANT Gustav	lende.	(ordova	. Md.	
100	DEATH (Enter only one cou							1	INTERVAL BETWE
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	451	ATTC F	CAI	11105				4 ONSET AND DEA
199 =	2 DUE	(0)			2422				1 11/4-1.3
Conditions, if ar	ry, which gave		COLON	4 4	KIDNEY	(2)	77+		1 YEA.
rise to immedia									
last.	)	(c) H	-517A11C	41.	PULLION ARE	1/75/	ASTAS	23	
PART II. OTHER  200. ACCIDENT W OR CONTRIBUTIN (IF EITHER NOTIF	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DI	EATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19. WAS AUTOPS PERFORMED YES NO
20o. ACCIDENT W	AS UNDERLYING .	20b. DESCRIF	BE HOW INJURY OCCU	JRRED. (	Enter noture of injury in	Part 1 or Part II	of item 18.)		1
OR CONTRIBUTING	IG CAUSE OF DEATH  Y MEDICAL EXAMINER)								
Hour'd	JURY Month, Day, Year o.m. 19	20d. INJUR	Not While		E OF INJURY (Home, forn ry, street, affice bldg., etc.		City or town)	(Coun	ity) (Sto
21. 1 cert	tify that (I) (this has deceased alive an	pital) attended 9- Z	the deceased fro	am d that	death accurred at	967 to 125AM,	fram causes o	, 19 ind an the	_, that (I) (we e date stated o
22o. SIGNATUR	DL/Ften	Haur		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	E SIGNED
22c. PHYSICIAN NAME (Typ	e). John Knu	ıd-Hansen		M.	22d ADDRESS aston,	Maryla	nd	/ /	
230. BURIAL, CREMAT	110N, 23b. DATE TH	967 2	3c, NAME OF CEMETER	RY OR C	REMATORY Park	23d LOCA	TION (City or Toy	AS .	County) (Stat
24. FUNERAL DIRECT	OR RE Newn	10	ADDRESS	1	md DATISE	BY REGISTRAR	2Sb. REC	GISTRAR'S SIG	/1
1 www	ic. /ww/	100	UI Casa	LUTI	THE DAIL				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplytely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please (entractaban papers. Pages) shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any every, within 72 haurs after VR A15 (4) 25M 1/67

A WHITE TO THE MEDITAL COMMENTAL CO. Tologe Bills part of the land and the land, the land from Dear control of the The state of the s

VR A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1299	6		CERTIFIC	CAT	E OF DEAT	Н		1	30	0.1	
	1. PLACE OF DEATH	1			- 1	2. USUAL RESIDEN	CE (Where d			Residen	ce before	dmission)
		Talbot		MARYLA	ND	a. STATE Mary.	land	b. COUNT		1bo1	t	
	b. CITY OR TOWN (i	foutside corporate lim give neerest lown)	its,	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (	If outside corp	porete limits, write	RURAL en	d give	neerest tov	vn)
		St. Michae	els	4 vrs		School	M Rov	al Oak.			20	-1
	d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in hosp	oitel, give street eddress)		d. STREET ADDRESS						ESIDENCE
0	Rio Viet	ta Nursing	Home									A FARM?
3	3. NAME OF	First	HOME	Middle	11	Last	4. DATE	Month		Dey	Yes	
	(Type or print)	CLA	DA	FRANKEM	DED	KINS	OF DEATH		at on b		20 10	47
	5. SEX			NEVER MARRIED		DATE OF BIRTH	10	AGE (In yeers	if LINDER 1			
				The second secon				lest birthdey)		Deys	Hours	Min.
	Female 10a. USUAL OCCUPATI	White	WIDOWE			ptember 21,		88 yrs.				
	done during most of wo	rking life, even If ratire	k 106. KI	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Coun	ity & Stete, or	foreign country)	12. CIT	IZEN C	F WHAT	COUNTRY
	House	wife				Harrisbur	g, Peni	nsylvania		USA	4	
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
		ard F. Fran				Sarah A	nn Spor	usler				
	15. WAS DECEASED EVI			SOCIAL SECURITY NO.	17. IN			Address				
	No	TO THE PERSON OF	set AtCe)		Rece	sdo-Rielli	ista h	ursing A	eme			
	18. CAUSE OF D	EATH  Entar only one	cause per K	ne for (a), (b), and (c).)	K		/	1		IN	TERVAL BE	TWEEN
		H WAS CAUSED BY:	16	4/18/11	1	T VIL men	1102	es		ON	SET AND	ATH.
	4 1 1	DUE TO	1	July Con	14	was any	1			1		
Н	Conditions, if any	The Part of the Control of the Contr	416	1161810	1/1	alist	4011	THINK	la. I	/.	10.	
	gave rise to immedi	ete ceuse	WO	ware	un	nuc co	any	vanca	agu	91	10 y	7
	(a), steting the us	nderlying DUE TO	)								/	
2	cause lest.	) (c)										
_	O PAIN WOTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH B	UI MOT	RELATED TO THE TERMIN	HAL DISEASE	CONDITION GIVE	N IN PARI	1(e) 1	PERFC	RMED?
7	3 1000	ellelle	pes	- Cupe	R	usun	1				YES 🗌	NO Q
	20e. ACCIDENT WOOD OF CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Exer neture of Injury in	Pert I or Pert	II of item 18.)				
		MEDICAL EXAMINER)										
	20c. TIME OF INJU	RY Month, Dey, Ye				OF INJURY (Home, fern y, street, office bldg., atc.		y or town)	(Cou	nty)		(State)
	Hour e.m.	19	While at work		100101	, ander, office brog., are.	'					
	21. I certify	haft (I) (this hospi	ital) attend	led the deceased f	rom. C	0-23	195810	9-20	19	67	hat (1)	(we) last
	// //	ed alive on.	1 10			eath occurred at						
	220% SIGNATURE	ya anta anijiniy	- /	XL	mar o	dam occurred ar						, DATE
	In the	11.0/1	1/41		M.D	011110	MED:	STAFF		a	-7/-	SIGNED
	TEC. PHYSICIALY	MA	1/10	-VV	m.D	22d. ADDRESS		J		/	41	-
	HAME (Type)	R. LANE	WROTH	, M. D.		St. M	ichael:	s, Maryla	and			/
	230. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OF	CREMATORY	23d. LOC	ATION (City, tow	n or count	у)	(5	tete)
	REMOVAL (Specify)	Sept. 23	3, 196	7 Olivet	Cem	etery	St.	Michael	Ls. M	aryl	land	
	24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	/	250, REC	'D BY REGIS	TRAR 25b. REG	ISTRAR'S	SIGNA	TURE	
	Danisa	16. Les	mara	d Dr.m.	che	cels MANTE	SEP 2	6 1967	orchy	and!	an Use	sac.
0	- will	7,900	Crust La	1		7 0	41.4	0 1001	0	10	70	0

and is 1	inclying		1401.41	
	LE LIVEL KEXIK		aleano (192 -	
Coll (of Economic	e distins			
	September 24, 1879 86			mile
	Harriston, Tenneylvin	~~~~	olless	
	Sarah And Shinalet		delia P. Frankeis	
Dita I	TALM MISSISSEE, MILE		TAN UNIT IE	
elr, Maryland	Constant Cons	JESTATO VO		TOS.

1299

### FRTIFICATE OF DEATH

13002

VII		CERTIFICATE	OF DEATH	TO	1102
78	PLACE OF DEATH a. COUNTY A//baf	MARYLAND	2. USUAL RESIDENCE (Where deceded of STANFaryland	b. COUNTY Ca	roline
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give rearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor Goldsboro, N		give neorest town)
78	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET AODRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF OFCEASED (Type or print)		Lost 4. OATE OF DEATH	· Sept-	Doy Year 21 19 67
	SEX 6. COLOR OR RACE 7. MARRIÉD Colored WIDOWED	OIVORCED 2	DATE OF BIRTH /15/1902	(est-birthdoy) Month	
		IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or f Queen Anne's	areign country) 12.	COUNTRY?
	Steve Pinder	4	14. MOTHER'S MAIDEN NAME Alice Unkn		
			rormant s.Mary Hines	Address Goldaboro	,Md.
	IB. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.  (b)  DUE TO  DUE TO  (c)	canona D (5	Pluster G	Recer .	INTERVAL BETWEEN ONSET AND OEATH
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
2	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Port I or Po	ort II af item 1B.)	
	Hour o.m. While of wor	Not While foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that (I) (this haspital) atten	ded the deceased fram 9	death accurred at 5 12	M, fram causes and ar	
	John To Brom S	Ž M.D.			22.67
1	NAME (Type) John N. Robins	on M.D	• Easton, Mar	yland 9/	/22/67
BR	burial, cremation, REMOVAL (Specify) 9/24/1967	23c. NAME OF CEMETERY OR CO	emetery Nea	ocation (City or Town)	(Caunty) (State)
JB	A FUNERAL DIRECTOR	ADDRESS TOWN		TRAN 19672Sb. REPUSEUR	The state of the s

The control of the co Marielander 2 M William TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the transit director, page 3 should be detached for use as the burial-transit permit. Then please response cachen papers. Pages it and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13003

	NACE OF BEATH					
	PLACE OF DEATH			re deceosed lived, if institutio		ission)
	o. COUNTY Tallsat	MARYLAND	O. STATE	b. COUNT	albet	
	D. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside	e corporate limits, write RURA	Al and give nearest town	1)
	write RURAL and give nearest town)	23 years		1	One give needed form	1
_	HUBBAC			NOONA	20	, /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	, give street oddress)	d. STREET ADDRESS		e. IS RI	ESIDENCE A FARM?
					YES [	NO M
	NAME OF First	Middle	Lost 4.	DATE Month	Dep	Year -
	DECEASED Type or print) Managerite Milbs	., R	AF	OF DEATH NEWS	. 9	1961
-	SEX 6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH	1 9. AGE (In years	IF UNDER I YEAR I IF UN	DER 24 HRS.
	WIDOWEL STATE WIDOWEL		Nov. 4, 18	96 lost 7 17 (oy)	Months Doys Hou	rs Min.
100	THE CHILTY	KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	yrs.	12. CITIZEN OF WHAT	
dur	ng most of working life, even if retired	INDUSTRY		A	GOUNTRY?	
_	7		Queen Anne	2 Maryland	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E		
	Thomas Franklin Milby		Mary Andre	ews		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 18		INFORMANT	Address		
(Ye	s, no, or unknown) (If yes give wor or dotes of service) $2$	18-16-9015 1	brs. Jenvis Co	ooke Neunak	Delaunne.	
_						DEVILOPIA
	18. CAUSE OF DEATH (Enter only one couse per line	(a), (b), ond (c).)		-1011	. INTERVAL	RE IAI M
	PART I DEATH WAS CAUSED BY-	A A an MAA	- OTT FILLS	a ruck	Charles	of D' of The
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	op on an	, oce cue	nou	and	ally.
	MMEDIATE CAUSE (o)				and.	ally.
	4 2 0 1 DUE TO Conditions, if ony, which gove )		artery a		1 40	cas
	4 2 0 1 DUE TO  Conditions, if ony, which gove rise to immediate couse (a),				190	car
	4 2 0 1 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse  DUE TO  DUE TO				190	car
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	stonary	artery a	liscase	1 9 WAS A	CAL
NOI	4 2 0 1 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse  DUE TO  DUE TO	stonary	artery a	liscase	PERFO	COL AUTOPSY PRMED?
ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART I(a)		
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING 20b. 1	stonary	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART I(a)	PERFO	RMED?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART I(a)	PERFO	RMED?
	IMMEDIATE CAUSE (o)  Out TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor 20d.	E TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  20e. PL	THE TERMINAL DISEASE CONDITION (Enter noture of injury in Port ACE OF INJURY (Home, form,	ION GIVEN IN PART I(a)	PERFO	RMED?
	IMMEDIATE CAUSE (o)  Oditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m.  Whi	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  IN NOT While for	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(a)  I or Port II of item 18.)	PERFO YES	NO
	IMMEDIATE CAUSE (o)  Out TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m.  P.m.  19  Other	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  IN Not While of work   100 pt work	THE TERMINAL DISEASE CONDITION (Enter noture of injury in Port ACE OF INJURY (Home, form,	ION GIVEN IN PART 1(a)  I or Port II of item 18.)	PERFO YES	NO (Stote)
	IMMEDIATE CAUSE (o)  Oditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 of two	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  IN Not While of work of the deceded from	THE TERMINAL DISEASE CONDITION (Enter noture of injury in Port  ACE OF INJURY (Home, form, topy, street, office bldg., etc.)	ION GIVEN IN PART 1(a)  I or Port II of item 18.)  20f. (City or town)	(County)	(Stote)  (We) las
	IMMEDIATE CAUSE (o)  Out To  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19  21. I certify that (I) (this hasped) after saw the deceased alive an arrangement of the contribution of the country of the c	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  IN Not While  ork of work from  Indeed the decession from	THE TERMINAL DISEASE CONDITION (Enter noture of injury in Port ACE OF INJURY (Home, form,	ION GIVEN IN PART 1(a)  I or Port II of item 18.)	(County)  (County)  (I)  (I)  (I)	(Stote)  (We) las
	IMMEDIATE CAUSE (o)  Oditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 of two	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  Industry Occ	THE TERMINAL DISEASE CONDITION  (Enter noture of injury in Port  ACE OF INJURY (Home, form, story, street, office bldg., etc.)  at death accurred at  ATTENDING MED	ION GIVEN IN PART 1(a)  I or Port II of item 18.)  20f. (City or town)  M, fram causes a	(County)	NO
	IMMEDIATE CAUSE (o)  Out To  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m.  19  21. I certify that (I) (this best of) after saw the deceased alive an  220. SONATURE	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  Industry Occ	THE TERMINAL DISEASE CONDITION  (Enter noture of injury in Port  ACE OF INJURY (Home, form, story, street, office bldg., etc.)  at death accurred at  ATTENDING MED	ION GIVEN IN PART 1(a)  I or Port II of item 18.)  20f. (City or town)  3, ta  M, fram causes a	(County)  (County)  (I)  (I)  (I)	(Stote)  (We) las
	IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19  21. I certify that (I) (this hospid) after saw the deceased alive an  22c. PHYSICIAN'S	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  INDURY OCCURRED  Industry Occ	THE TERMINAL DISEASE CONDITION  (Enter noture of injury in Port  ACE OF INJURY (Home, form, story, street, office bldg., etc.)  at death accurred at  ATTENDING MED	ION GIVEN IN PART 1(a)  I or Port II of item 18.)  20f. (City or town)  M, fram causes a	(County)  (County)  (I)  (I)  (I)	(Stote)  (We) las
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	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C	DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INDURY OCC	THE TERMINAL DISEASE CONDITION  (Enter noture of injury in Port  ACE OF INJURY (Home, form, torn, street, office bldg., etc.)  at death accurred at	ION GIVEN IN PART 1(a)  I or Port II of item 18.)  20f. (City or town)  M, fram causes a  Company of the compan	(County)  (County)  That (I)  Ind an the date star  22b. DATE SIGNED	(Stote)  (Stote)  (we) lasted abave

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MARYLAND STATE DEPARTMENT OF HEALTH

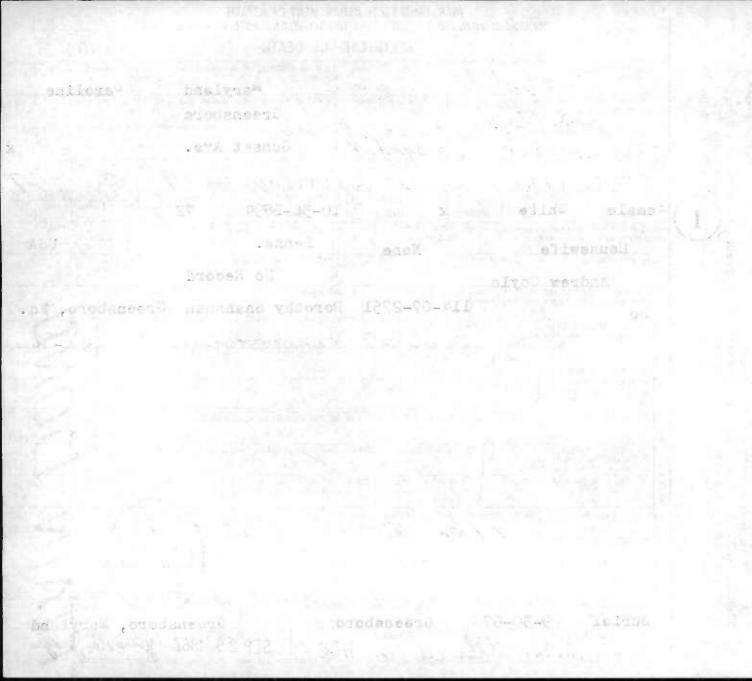
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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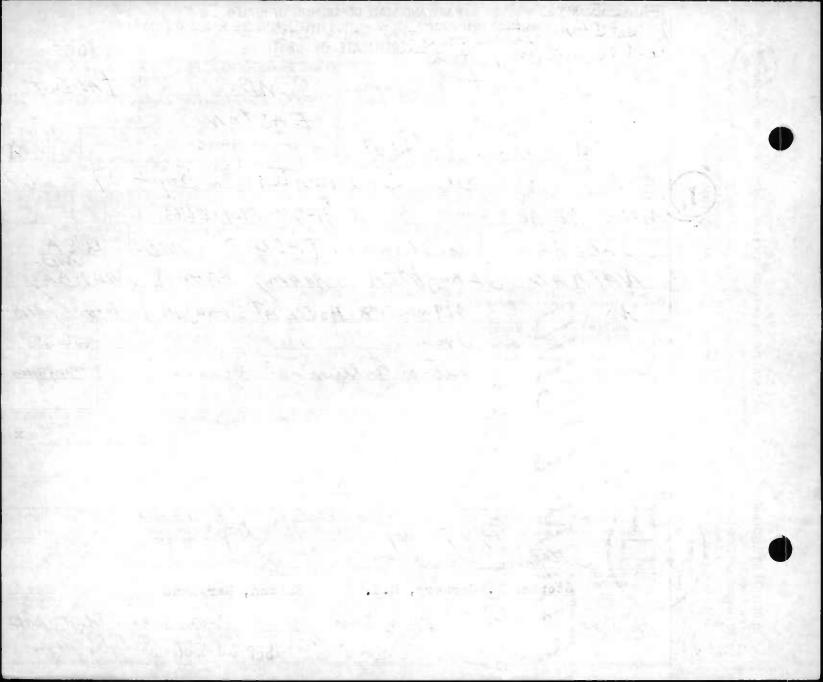
	CERTIFICATE	OI DEATH		TOURS !
1. PLACE OF OEATH		2. USUAL RESIDENCE (Where dec		
o. COUNTY To a Port	MARYLANO	o. STATE	b. COUNTY	Compline
b. CITY OR TOWN (If outside corporate limits, write RURAL ord-give nearest town)	1	c. CITY OR TOWN (If outside corp		ond give neorest town)
write RURAL orth give neorest town		Greenst		05 2
d. NAME OF HOSPITAL OR INSTITUTION (If high in h	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Memarial	Haspital	Sunset A	lve.	ON A FARM?
3. NAME OF DECEASED (Type or print)	Warie Str	Lost A. DAT OF OEA	9	26 Doy Year 1967
	The same of the sa	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
Female White w	IDOWED DIVORCED 1	0-30-1894	ley Zirthdoy)	Months Doys Hours Min.
1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INOUSTRY	11. BIRTHPLACE (County & Stote, or	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
Housewife  13. FATHER'S NAME	None	14. MOTHER'S MAIDEN NAME		
		No Rec	ord	
15. WAS DECEASED EVER IN U.S. ARMED FOR (ES?	16. SOCIAL SECURITY NO. 17. INF	FORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of serv	(0)			
No	114-07-2751 De	erothy Shans	man Gree	ensboro, Md.
18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (o)	Cerofra &	horrans	100	ONSET AND DEATH
331X OUE TO			0	
Conditions, if ony, which gove ) (b)				4.00
rise to immediate couse (o), (				
storing the underlying couse				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				I to Unit Allyones
S PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	: TERMINAL DISEASE CONDITION G	SIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
T T T T T T T T T T T T T T T T T T T				YES NO
2Do. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Ooy, Yeor Hour o.m.	20b. OESCRIBE HOW INJURY OCCURRED. (En	iter noture of injury in Port I or	Port II of item 18.)	- "14
2Dc. TIME OF INJURY Month, Ooy, Yeor Hour o.m. 19		OF INJURY (Home, form, y, street, office bldg., etc.)	of. (City or town)	(County) (Stote)
21. I certify that (I) (this haspital)	attended the deceased fram	. 19	, ta	, 19, that (I) (we) la
saw the deceased alive an 9		death accurred at 7 %		nd an the date stated above
220. SIGNATURE		P		22b. OATE SIGNED
# 0 + W/-	Trongs M.O.	ATTENDING MEO.  PHYS DIRECTOR	R D STAFF	
22c. PHYSICIAN'S NAME (Type)	Trouble m.o.	22d. AODRESS	( <u> </u>	1-1-4-5
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CR	EMATORY 23d.	LOCATION (City or Town	) (County) (State)
Burisi 9-30-67	Greensbere	C	reensbore	Monwlers
24. FUNERAL OIRECTOR	AODRESS	2So. REC'O BY REG	ISTRAR 2Sb. REGI	Maryland STRAR'S SIGNATURE
J.ERA H	a O Ma	1 SFP 2 9	1967 400	iones judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and many event, within 72 haurs ofter death.



	10	MARYLAND STATE DEPARTMENT OF HEALTH	
	P	of est Stay División of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
A No.	u	VILLEGIUS BURG 342 CERTIFICATE OF DEATH 13	005
ond death		PLACE OF DEATH	befare admission)
funer de	·	a. COUNTY Jalbot MARYLAND O. STATE MD. 6. COUNTY TA	- Bot
the the safe	t	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearly town)	earest tawn)
by P		Castall 11 EASTON	20-1
filled in by the fun popers. Pages 1 thin 72 hours after of	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress)  d. STREET ADDRESS  Graham Street	e IS RESIDENCE ON A FARM? YES NO
** > 0	1	NAME OF DECEASED (Type or print) Uallau Staughter DEATH Sept. 17	Day Year
unted v	-	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF RIRTH 9 AGE (In legis   IF UNDER ) Y	EAR   IF UNDER 24 HRS.
Xecu	1	MALE NEARO WIDOWED   DIVORCED X 11-27-1901 1665 yrs. Months D	Days Haurs Min.
9 5	10a.	a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZ (COUNTING MORE)	EN OF WHAT
ertificate by physicion nen pleose tovol, ond i		LABOREN MILL (GRAIN) AUDOI - MU-	ISA
certificate g physicior Then pleos movol, onc	13.	FATHER'S NAME	MO-
o or E	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	MIRKY
ie death ce ottending   permit. The	(Ye	es, no, ar unknown) (If yes give war or dates of service) 219-01-07-77 BARSEAT SLAUGGER - TRACE	215 111
thot the death on. by the ottendin ronsit permit. "		I 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
ot th . the nsit p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Overnia	ONSET AND DEATH
		446 X DUE TO	
requires that the physicion. I signed by the burial-transit burial, cremot		(anditians, if any, which gave rise to immediate cause (a).)  (b) Attnosclewturenal deseas	men shers
0		stating the underlying cause DUE TO	
e low retending so been os the prior to		lost. (c)	19. WAS AUTOPSY
두 이 그 하다 〈	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
Z o to L o	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO K
西名生工生		OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this this De	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'a.m.  p.m.  19  20d. INJURY OCCURRED While of wark at wark at wark  20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(State)
DING by t Affer be c Stote		21. I certify that (1) (this haspital) attended the deceased fram 12 Left , 19 to 17 Left , 196	That (I) (we) last
TEN ined DR: ould the		saw the deceased alive on 9/7 1967, and that death orgurred at M, from causes and an the	
OR ATTENIED be retoined SIRECTOR: #		220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE PHYS. DIRECTOR PHYS. 9	SIGNED
ral or noy be re al Direct poge 3 e filed w		22c, PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	6/
moy RAL I Pog		NAME (Type) Stephen P. Carnery, M.D. Easton, Maryland	and the same of the
RA HOD V	230	a BURIAL CREMATION   23h DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   1 23d LOCATION (City or Town)   (C	aunty) (State)
Page O FUN direct		REMOVAL (Specify) 9-21-67 TUDAYTOWN EASTON BUMAL TO	LBst 1112
VR A15 (4)	24	4. FUNERAL DIRECTOR ADDRESS 250. REGUSTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIG	NATURE
25M 1/67		Barbara Ochull md DASEP 20 1967 Junarle	



MARYLAND STATE DEPARTMENT OF HEALTH

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offin.	U	U	U	A.	

DEATH CERTIFICATE OF

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			4 10.	_ 1
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceoses	1 COLUMNY	. /
1A106/	MARYLAND	Md.	B. COONT	Caroline /
b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate	limits, write RURAL and give	nearest town)
write RURAL and give nearest town)	10 mm	Ridgely		05.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street/address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial	HOSp. Fal	401 Central A	renue	YES NO
NAME OF DECEASED (Type or print) AB V First	it Landell Sh	DATE OF DEATH	Month 9	Day Year
6. COLOR OR BACE 7. MARRIED WIDOWED		9. DATE OF BIRTH 9. 9. 9/8/67	AGE (In years IF UNDER I lost birthday) Months yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fore Easton, Md. Memo	COIL	ZEN OF WHAT INTRY? U.S.A
3. FATHER'S NAME Joseph A. Shoaf		14. MOTHER'S MAIDEN NAME Mary White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service)	SOCIAL SECURITY NO. 17. I	NFORMANT S. Mary Shoaf Ric	lgley, Marylan	nd
1B. CAUSE OF DEATH (Enter only one couse per line for	(h) (h) and (c))	0		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Imm alse	10. 10.	1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	& Why ages	a my our		
DUE TO				
Conditions, if any, which gave (b)				
stating the underlying couse DUE TO				
last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY BERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part	II of item 1B.)	
⊞ Hour o.m. Whil	le Not While fact	ory, street, office bldg., etc.)	(City or town) (Cour	
21. I certify that (I) (this haspital) atters saw the deceased alive an	nded the deceased fram	death accurred at 19 20 M,	fram causes and an th	_ , that (I) (we) las
220. SIGNATURE E. A Hare	M.E.	ATTENDING MED.	STAFF PHYS.	15/89
22c. PHYSICIAN'S E. D. Hardy	/ M.	D. 22d ADDRESS Maryla	nd 10	/9/67
23d. Burial (REMATION 23b. DATE/THEREOF 7	23c. NAME OF CEMETERY OR Memorial Hosp	CREMATORY 23d LOCA	AJION (City or Jown) ton, Maryland	(County) (Stote)
24 FUNERAL DIRECTOR Memorial Hospital, Easton	ADDRESS	2Sa. REC'D BY REGISTRA		GNATURE CONSTRUCTION
Table of the second sec	CIT T TOTAL	DATE	10017 TILLOW	Day Com

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages-Trand 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haury after death. Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

within 24 hours after death.

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STATE		13005 W	IEDICAL EXAMINER'S (	CERTIFICATE OF DEATH	006
H DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
5		COUNTY Talbot	MARYLAND	o. STATE Maryland b. COUNTY Car	oline /
Trate Departmen	ı	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give	nearest town)
		Easter	4 hours	Preston	05.)
- 0	(	. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	nitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
78		Memorial Hosp	pital	R.F.D. # 2 - Box 102	YES NO
1		NAME OF DECEASED Type or print)  LEROY First  RO4	white o	RGS Lost 4. DATE Month OF DEATH	Doy Year 9 196 7
	S	male   6. COLOR OR RACE   7. MARI		DATE OF BIRTH 9. AGE (In years IF UNDER )	YEAR IF UNDER 24 HRS. Doys Hours Min.
	10o. duri	ng most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY anning Factory	11. BIRTHPLACE (Stote or foreign country)  12. CITI COU  Jacksonville, Florida	ZEN OF WHAT INTRY? .S.A.
	-	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Matthew White		Florida Mae Springs	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	220-32-8396 Flo	rida Mae Ross, Preston, Md., R	FD #2
		18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) I r	ne for (o), (b), ond (c).) Preversible Sho	ck From External Hemorhas	INTERVAL BETWEEN ONSET AND DEATH ON P
		Conditions, if ony, which gove (b)		ternal emorhages	6hours
		stating the underlying course > DUE TO	emppund Comminu	ted fracture humerus	6hours
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  ? Alooholism	ING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 3
	TIFIC	20o EXTERNAL CALISE WAS 20	Db. DESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Port I or Port II of item 18.)	
-0	CER.	PRIMAR DO or CONTRIBUTING CAUSE OF DEATH.	it & run Route	318 between Preston&Fede	ralsburg
05	MEDICAL CERTIFICATION		Od. INJURY OCCURRED 20e. PLACE White Not While twork AS	of INJURY (Home, form, ry, street, office bldg., etc.) above  20f. (City or town) (Cou	
100	联心证	21. I certify that I took charge of the death resulted from Notural couse		d an Autapsy, Inspection, Inquiry, le, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER	and in my apinion
7		ACTUAL SIGNATURE EXAMINER'S	Vermen	DELOTE MEDICAL EXAMINACE	12/67
		NAME (Type) Harold B.Plus			n Maryland
16	230	BURIAL, CREMATION, REMOVAL (Specify) Sept. 16.19	23c. NAME OF CEMETERY OR CI		County) (Stote)
	24	Burial Sept. 16, 19	967 Jonestown Cer	netery Near Preston, Ma 250. REC'D BY REGISTRAR'S SII	ryland
1/2	1	Toman director of	-7 las las In	SEP 1 8 1967 OF L	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed fived, If institution: Rasidance before edmission) a. COUNTY a. STATE b. COUNTY N Talbot MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerast town) write RURAL and give nearest town 2 Pages 3 yrs Towson Easton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours d\_STREET ADDRESS e. IS RESIDENCE Eudowood Sanatarium ON A FARM? letely emploves of the Sanatarium YES NO V Home for Aged Women NAME OF Middla 4. DATE Month Year carbon papant, within 7 DECEASED OF (Type or print) DEATH INA HIGGINS STANGE September 11. 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. and 70 Months Female 4, 1887 White WIDOWERY Oct DIVORCED T physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratired) any State Sanitarium Nurse & Teacher St. Michaels, Maryland USA please = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Daniel Higgins Henrietta Frampton Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Baltimore. (Yes, no, or unkown) | (Ifyasgive war or dates of service) physician. 4501 Mannfield. Albert B. Stange. permit. No 212-32-4150 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). signed by INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation. IMMEDIATE CAUSE (a) burial-transit DUE TO attending been Conditions, if any, which gave rise to immediate cause the bur burial, has DUE TO (a), stating the underlying PHYSICIAN: ö cause last. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY/ 8 0 CERTIFICATION PERFORMED? use prior NOJ YES T for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. Venter nature of injury in Part I or Part II of itam 18.) he After this Health OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING þ WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (State) (County) be retained Jo. factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: be de Dept. at work at work 21. I certify that (I) (this hospital) attended the deceased from....... 19 (1) (we) last to... should State 1967, and that death occurred at 36 pM, from the causes and on the date stated above. saw the deceased alive on.. OR may 22b DATE ATTENDING SIGNED death. Page 4 HOSPITAL page with t DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) filed v Easton. Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.5 8 REMOVAL (Spacify) Sept 1967 Parkwood Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

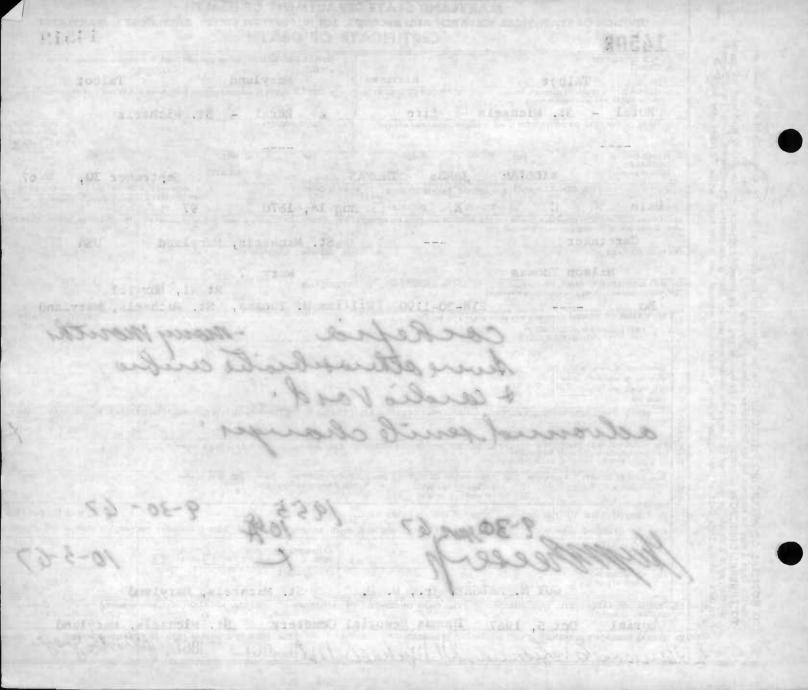
To LaT TOUR TO BOXEYZ HE Home For Arre Worken To-1 107 (4) 100 1 Tymale - Contine on the man of the left to lent. Dures & Teacher State Santlaring To St. Michaels, Maryland USE

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tolling Saint 14, 1967 lathood Country telephone telephone 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14519 4509 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Talbot MARYLAND Maryland Talbot 0 b. CITY OR TOWN (if outside corporeta limits. by/ c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) 5 Rura 1 St. Michaels Life St. Michaels Rura 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO T 3. NAME OF First Middle Lest 4. DATE Month Dev Yeer DECEASED OF (Type or print) WILLIAM TAMES DEATH THOMAS 19 67 September 30k 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Male WIDOWED X DIVORCED Aug 18, 1870 physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Caretaker Michaels, Maryland USA please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Wilson Thomas Mary loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rt #1, Ad Box 161 (Yes, no. or unkown) | (Ifvesgivewer or detes of service) William H. Thomas. St. Michaels. Maryland 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) urial-transit ending Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY SE 0 CERTIFICATION PERFORMED? use prior NO IV 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I Month, Day, Yaer 20a, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (State) (County) of fectory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: et work et work p.m. l be Dept 21. I certify that (I) (this hospital) attended the deceased from...... that (1) (we) last pluods State M. from the causes and on the date stated above. deceased alive on. 1.19 Q...... and that death occurred fit DATE ATTENDING MED. STAFF HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHISICIAN'S director, MAME (Type) GUY M. REESER St. Michaels, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Oct 5, 1967 Thomas Memorial Cemetery St. Michaels, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FONERAL DIRECTOR'S 196



the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wir Health priar ta burial, cremation, ar removal, and in any event within 72 hours after death. S may be retained far yaur files.

13004

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 W.

T.L. 42	70.7 402	02 0 102 162	1-	,	
Item #/	アコム形 光切う	EXAMINER'S	DIL		
	MEDICAL	FY KMINIED'C	CEDTIFICATE	OFI	<b>YEATH</b>
	MILLUICAL	LVWIIIIIII 2	CLIVIIIICAIL	VIL	76/4111

	12 10 a.	Item #	7 Film	#G393 9/27/67 ICAL EXAMINER'S	CERTIFICATE O	OF DEATH	130	008
	PLACE OF DEATH o. COUNTY Ta	lbot		MARYLAND		(Where deceosed lived, if inst Md • b. 0	itution: Residence OUNTY <b>Talb</b> (	before odmission)  ot
	b. CITY OR TOWN (II	outside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give n	earest town)
	Write KUKAL and	give negrest tawn)		D.O.A	McDan	iel		201
	d. NAME OF HOSPITA	L OR INSTITUTION (If r	at in haspital, g	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
U	Memor	ial						YES NO
	NAME OF DECEASED	F	irst	Middle	Lost	4. DATE N	lonth	Doy Year
	(Type or print)	Earl		Samuel	Turner	DEATH SE	pt 162	-
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy	) IF UNDER 1 YI	YEAR IF UNDER 24 HRS.
N	fale	Negro	WIDOWED	DIVORCED	Nov. 7.	1929 37 Y	s. Months D	ofs Hours Mill.
	. USUAL OCCUPATION ing most of working I	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote			EN OF WHAT
_	FATHER'S NAME	шап			Mary  14. MOTHER'S MAIDEN			ACO
13.		hlius Mu	rray		Cathe:			
	WAS DECEASED EVER	RINUS ARMED FORCES	16.	SOCIAL SECURITY NO. 17.	INFORMANT	A	ddress	
(Ye	yes jes	(If yes give wor or dates	of service) 22	20-26-3989	Leonard :	Palmer St.	Michae	els, M d.
CATION	Conditions, if ony, rise to immediate stating the under last.  PART II. OTHER SIG	which gove e couse (0), lying couse	E TO (b)	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(0)		19. WAS AUTOPSY PERFORMED? YES X NO
MEDICAL CERTIFICATION	200. EXTERNAL CAI PRIMARY ☐ or CON CAUSE OF DEATH. 20c. TIME OF INJU Hour XD	RY Month, Doy, Yeor	20d. II			bar m, 20f. (City or town		ty) (Stote)
×	11:30 p.m		67 at work	Not While for	bar	StMichael	s Talb	ot Md
		that I took chorded from: Notus	ge of the ren	nains described above, h	cide , Hamicide CHIEF MEDICA M.D. ASSISTANT ME TOP DEPUTY MEDIC	e 🗷 , Undetermined	manner	22. DATE SIGNED  -19-67
230	BURIAL, CREMATIO	'	-	23c. NAME OF CEMETERY OR Claibotne	CREMATORY	23d. LOCATION (City or Claiborn		bot Md.
24	B.L. D	ashiell	East	ADDRESS con, Md.	2So. REC	EP 2 0 1967	REGISTRAR'S SIGI	NATURE BY JUNGS

VR A15ME 6M 1/67

ded. in Inthot 78.05 U.S. mental antrei 228-50-50 N. Learce Harmon No. Wickeller H. . Da Jodini entralcil of . snortille Ti- the fairne 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item#ld Film #G39CERTIFICATE OF DEATH hours after death. by the funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE physician and completely filled in by the 1 n please remove carbon papers. Pages 1 val, and he any eyent, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b astor completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 520 N. Washington St. YES NO within NAME OF DATE Month Day Year Middle Last 4. DECEASED OF DEATH 196 (Type or print) executed **FUNDER 24 HRS** SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 8. 7. MARRIED NEVER MARRIED [ last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) COUNTRY? INDUSTRY FATHER'S NAME certificate MOTHER'S MAIDEN NAME attending physical remova 2000 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or respectively. 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If we give war or dates of service) **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death Page 4 may be retained by the hospital or attending physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO Carcinoma of the endometrium vrs Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICAT Arteriosclerosis enlarged varcicosites both legs [ NO X Generlaized 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING at work at work 19 5 3, to 19 6 7, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-1967 and that death occurred at 5 A M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 9-19-67 DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Harold B .Plummer M.D. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23g. LOCATION (City, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRA 25b. VR A15 (4)

15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Talbot MARYLAND Marvland Talbot and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? --St. Michaels 9 mos. St. Michaels Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? pletely YES NOW Chestnut St papers. 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF (Type or print) DEATH EDWARD NATHANT RI. WATTS 19 67 September 18 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) | Months Male WIDOWED T DIVORCED T Sept 13, 1902 physician 10e. USUAL OCCUPATION (Give kind of work remove 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Pharmacist Drugs Talbot County, Maryland USA attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Charles D. Watts Annabelle Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT levor 1022dd Woodson Rd. (Yas, no, or unkown) | (Ifyes giva war or detas of sarvica) 60-03-9851 A Mrs. Gertrude Watts. Baltimore, Md. 21212 attending physician.

nas been signed by the
burial-transit permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e) (b), end (f). INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying couse lest. the PART IN THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION certificat 95 0 PERFORMED? use prior NO C 20e. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER detached ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stete) retained factory, street, office bldg., atc.) of Not While Hour a.m. et work at work DIRECTOR: Dept. 19 (ma) last should saw the deceased alive on. ....196. .... and that death occurred ab. D.M. from the causes and on the date stated above. 22a SIGNATUR 22b. DATE MED ATTENDING death. Page 4 PHYS. DIRECTOR PHYS. page with t PHYSICIAM' 22d. ADDRESS NAME (Type) director, be filed R. Lame Wroth. M. D. St. Michaels, Marvland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOYAL (Specify) Baltimore National Cemetery Sept 21, 1967 Raltimore, Maryland 24LEUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S

Harry Lands St. Michigan MENGINEL .32 Labor VI . .4E 71103 (5)(0) ALTERNATION SELECTION SELECTION OF SELECTION Managanat Drugs Land Andrew Managanata On Plan II. satta Table Modern Lat. TOTAL TOTAL CONTRACT CONTINUES CONTRACT Berliner Broth B. S. S. S. St. McCourts, Marvined eright Sant al, 1967 Santhore Michenal Cristery Saltimore, Marshand

## CERTIFICATE OF DEATH

13011

	20001		2.0	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution:	
	o. COUNTY TALBOT	MARYLAND	O. STATE MARYLAND b. COUNTY	TALBOT
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL	and give nearest tawn)
	write RURAL and give negrest town)	2hR. 10 min	ST. MICHAELS	20-1
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Memorial A	sp.tal		YES NO
3.	NAME OF First	Middle 11	. Last 4. DATE Manth OF	Doy Year
-	(Type or print)  SEX 6. COLOR OR RACE 7 MA	MILE W	1/1ey DEATH 7	UNDER 1 YEAR   IF UNDER 24 HRS.
F	54m 1 1	ARRIED NEVER MARRIED   8		onths Doys Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
au	ring most of working life, even if retired)	INDUSTRY	PARKTON, MD	COUNTRY?
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	/1
	HARRY ENSO	R	JENNY ELIZABETH	HEOR
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, of (in)(nown) (If yes give wor or dates of service		NFORMANT	40
1.	700 -	2A-09-0300 EZ	WARD WILLEY, ST. !!	ICHAELS, I'ID
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	firespelle	malles o	1 William
	DUE TO	Trace Alla III	Danie H.	B
	Conditions, if ony, which gove rise to immediate couse (o),	mall Ell l	accomony of Mi	Mrs. Tolly
	stoting the underlying couse		'//	
	last. (c)	ANNO TO REATH BUY HOY RELAYER TO 1		Tio was autopsy
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
FEC		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
ME	Hour o.m. p.m.	While Not While of work	ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospitol)	attended the deceased from	10 , 19/0), to plen / 2	1962, that (1) (we) last
	sow the deceased alive on 7	4 29 67, and that	deoth occurred of 94 M, from causes one	I on the dote stated above.
	220. SIGNATURE	174	ATTENDING MED. STAFF	22b. DATE SIGNED
	A WHILL WAS	M.D	D. PHYS. LIP DIRECTOR L. PHYS.	7-1570/
	NAME (Type) R Lane Wr	oth M.		9/13/67
22	o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY ORA		(County) (Stote)
43		967 Olivet Co	emetery St. Micha	O (codily) (store)
2	4. FUNERAL DIRECTOR	ADDRESS		RAR'S SIGNATURE
10	1 6 4	1 (43 -	PATCED T & 1967 OFL	ante Judas.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample<del>sely fill director, page 3 should be detached far use as the burial-transit permit. Then please remave carban should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any elemential.</del>

Pages and 72 hours after death

filled in by the

MEDIUM SANAANALIA All the second of the second o 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

T9902	CERTIFICAT	TE OF DEATH	13012
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE D.	ived, if institution: Residence before odmission) b. COUNTY GUEEN AU
b. CITY OR TOWN (If autside carpar write RURAL and give neares) to		c. CITY OR TOWN (If autside carparate li	mits, write RURAL and give nearest tawn)
1-	ON (If not in haspital, give street address) ORIAL HOSDITAL	d. STREET ADDRESS	e. IS RESIDEN ON A FARI YES NO
3. NAME OF DECEASED (Type or print)	First Middle	Wilson 4. DATE OF DEATH	Manth Day Year Sept: 12 19 6
S. SEX 6. COLOR OR MAILE DEARCH			GE (In years IF UNDER 1 YEAR IF UNDER 2: st birthday) Manths Days Haurs yrs.
10o. USUAL OCCUPATION (Give kind of w during most of warking life, even if retire	ork done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  SAMUE!	- Witson	14. MOTHER'S MAIDEN NAME  A & R A	PARTER
1S. WAS DECEASED EVER IN U.S. ARMED (Yes, na, ar unknawn) (If yes give war	FORCES? ar dates af service) 16. SOCIAL SECURITY NO. 17	GEORGE WILSON	Address A.
PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c).)		INTERVAL BETW ONSET AND DEA
Conditions, if ony, which gove	(2 0)1032 (0)	ic nepher spathy	(3/
nse to immediate couse (a), stating the underlying cause	DUE TO		
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOP PERFORMED YES N
20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HTA	D. (Enter nature of injury in Part I or Port II	
20c. TIME OF INJURY Manth, Day Hour a.m.		PLACE OF INJURY (Hame, farm, actary, street, affice bldg., etc.)	ty or tawn) (Caunty) (St
21. I certify that (I) (t saw the deceased alive	his haspital) attended the deceased frame an 12 Sept 1967, and the	nat death accorded at 19 pM, for	am causes and an the date stated
220. SIGNATURE	Anuism	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS.   22b. DATE SIGNED  14 Safla 7
22c. PHYSICIAN'S NAME (Type) THUK	RSTON HARRISON	22d. ADDRESS as tan M	'any land
230. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF 23C. NAME OF CEMETERY CONTROL	OR CREMATORY 23d. LOCAT.  VILLEY GARSO.	ON (City or Town)  ON (County)  ON (County)  ON (Sta
24. FUNERAL DIRECTOR	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR DATE SEP 15	96-25b. REGISTRAR'S SIGNATURE

### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13009 CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. CITY OR TOWN of outside corpogete limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. hours write RIIRAL and give nearest town) .⊆ HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREEL, ADDRESS Michin carban 3. NAME OF Middle 4. DATE Month campletely DECEASED RIGH (Type or print) DEATH executed S. SFX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED any pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & Stote, or foreign country) OR ATTENDING PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY and MARGUAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, BWKDNS MACKABEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service CRNTREVILLEMD crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been see as the Ith priar to b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health 1 CERTIFICATION this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While While of work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 5 M. M. be retained directar, page 3 shauld should be filed with the saw the deceased alive an\_\_\_ 22o. SIGNATURE Robert W Trevery DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Robert W. Trever M. D. Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY Page / BURIAL CREMATION DATE THEREOF 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

13013

Dov

1 YEAR

12. CITIZEN OF WHAT

IF UNDER

Months

IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HR

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

(County)

PERFORMED?

NO

(Stote)

ncertain

YES NO

MARYLAND STATE DEPARTMENT OF HEALTH

, 19\_\_\_, that (I) (we) last M, fram causes and on the date stated above. 22b. DATE SIGNED /11/67 23d. LOCATION (City or Town) (Stote) 2Sb. REGISTRAR'S SIGNATURE

